

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**10/523475**

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/	/				
5	/					
6	/					
7	/					
8	/					
9	/	/				
10	/					
11	/					
12	/	/				
13	/	/				
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41	/	/				
42	/	/				
43	/	/				
44	/	/				
45	/	/				
46	/	/				
47	/	/				
48	/	/				
49	/	/				
50	/	/				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					/
52	/					/
53	/					/
54	/	/				/
55	/	/				/
56	/	/				/
57	/	/				/
58	/	/				/
59	/	/				/
60	/	/				/
61	/	/				/
62	/	/				/
63	/	/				/
64	/	/				/
65	/	/				/
66	/	/				/
67	/	/				/
68	/	/				/
69	/	/				/
70	/	/				/
71	/	/				/
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73	/	/				/
74	/	/				/
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82	/	/				/
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85	/	/				/
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89	/	/				/
90	/	/				/
91	/	/				/
92	/	/				/
93	/	/				/
94	/	/				/
95	/	/				/
96	/	/				/
97	/	/				/
98	/	/				/
99	/	/				/
100	/	/				/
TOTAL IND.	25	↓		↓		↓
TOTAL DEP.	49	←		←		←
TOTAL CLAIMS	74					